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| CLAIMS ONLY | Application Number 10/612328 | Filing Date |
| | Applicant(s) | |

10/6/23 28

Filing Date

[illegible]

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
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| Total Indep | 2 | | | | | |
| Total Depend | 18 | | | | | |
| Total Claims | 20 | | | | | |

May be used for additional claims or amendments

| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | | | | |
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